APPLICATION FOR UNITED STATES ATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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claims, as amended b				nts of the above	e-identified application, includ	ing me			
	edge the duty	to disclose to the	Office all informa	ation known to	me to be material to patental	oility as			
,		-		following foreig	n application(s) and/or United	d States			
provisional application						3 States			
Japanese Pa	itent Applicat	tion No. 11-293	3752, filed on Oc	tober 15, 1999					
	America either	(a) more than one	e year prior to this a	application, or (b	ion were filed in countries for b) before the filing date of the				
this application and to	o transact all bu James A. Kirk M. I Edward P	osiness in the Pate Oliff, Reg. No. 2 Hudson, Reg. No. Walker, Reg. No.	neys of record with nt and Trademark C 7,075; William P. B 27,562; Thomas J. 5. 31,450; Robert A 565; and Caroline D	Office: serridge, Reg. No Pardini, Reg. No . Miller, Reg. No	o. 30,411; o. 32,771;	osecute			
	DENCE IN C	CONNECTION	WITH THIS APP	LICATION SH	OULD BE SENT TO OL	JFF &			
herein of my own ki further that these stat	nowledge are to ements were m nent, or both,	rue and that all s nade with the kno under Section 10	tatements made on wledge that willful 001 of Title 18 of	information and false statements the United Stat	laration, and that all statemend belief are believed to be trand the like so made are pures Code and that such willf	ue; and nishable			
Typewritten Full Name of Sole or First inventor: Kil-ho Shin									
of Sole or First inven	ior:	Given Name	Middle	Iniwal	Family Name				
**Inventor's Signatur	re·	Given Name	1 Tolling	Illifiai	Family Name				
· ·			WHE						
**Date of Signature:		<u>\\\</u>	$\frac{22}{\text{lonth}}$	Day	Year				
Residence:	Nakai-mac		Kanagawa	Duy	Japan				
	City		State of Provi	ince	Country				
Citizenship:	-	Korea			•				
Post Office Address:		c/o Fuji Xero	x Co., Ltd., 430,	Sakai, Nakai-	machi,				
(Insert complete mailing address, including country)		Ashigarakami-gun, Kanagawa, Japan							
				· •					

- *This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.
- **Note to Inventor: Please sign name exactly as it appears above and insert the actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒



PAGE 2 OF U.S.A. DECLARATION FORM

of Second Joint invent		Yuzuru			Fukuda			
		Given Name	Middle Iniți		Family Name			
**Inventor's Signature:		YUZU	nce Peuk	cuda				
**Date of Signature: 8/25/2000								
•		Mont	h D	Day	Year			
Residence:	Nakai-mach	ni	Kanagawa		Japan			
	City	*	State of Province		Country			
Citizenship:		Japan Taban Salai Nalai						
Post Office Address:		c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi,						
(Insert Complete mailing address, including country)		Ashigarakami-gun, Kanagawa, Japan						
Typewritten Full Name of Third Joint inventor	e	TT'			Catal			
of Third Joint inventor:		Hironori	N 45 (1.3) - Y - (-)	_1	Gotoh			
**T		Given Name	Middle Initi	al	Family Name			
**Inventor's Signature	: :	HUUST	or g	oloto	·			
**Date of Signature:			29/200	<u>0</u>	Year			
naddana'	Nakai-mach	Mónt	Kanagawa	Day	Japan			
Residence:	City	Ш	State of Province		Country			
Citizenship:	City	Japan	State of Floringe		Country			
•		c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi,						
Post Office Address: (Insert Complete mailing address, including country)		Ashigarakami-gun, Kanagawa, Japan						
address, including country)		Asingai akanii-gi	ili, Kallagawa, Jap	7d11				
Typewritten Full Namof Fourth Joint invento								
or routin Joint invente	л.	Given Name	Middle Initi	al	Family Name			
**Inventor's Signature	e:				•			
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		Mont	h I	Day	Year			
Residence:								
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Citizenship:								
Post Office Address:								
(Insert Complete mailing address, including country)								
								
Typewritten Full Namof Fifth Joint inventor								
		Given Name	Middle Initi	al	Family Name			
**Inventor's Signature	e:							
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Ü		Mont	h I	Day	Year			
Residence:					·			
	City		State of Province		Country			
Citizenship:								
Post Office Address:								
(Insert Complete mailing address, including country)								

**Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.